



104874-141766
PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE JUN 25 2003

GROUP 1700

Applicant: Waring, et al.

Examiner: Wessman, A.E.

Serial No.: 09/973,574

Group Art Unit: 1742

Filed: October 9, 2001

Title: CHEMICAL PROCESSING SYSTEM

P.O. Box 1450
Commissioner for Patents
Washington, D.C. 20231

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26
06/26/03

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the restriction requirement set forth in the Office Action mailed May 29, 2003, Applicant hereby elects Group I (i.e. Claims 1-5, 8-13, and 15). Applicant hereby reserve the right to file any divisional applications directed toward non-elected subject matter. Finally, Applicant's election is made without prejudice.

Respectfully submitted,

Louis S. Sorell

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1742

PTO/SB/21 (05-03)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/973,574
	Filing Date	October 9, 2001
	First Named Inventor	Waring
	Art Unit	1742
	Examiner Name	Wessman, A.E.
Total Number of Pages in This Submission	Attorney Docket Number	104874-141766 (200AG289)

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Louis S. Sorell, Reg. No. 32,439	
Signature		
Date	June 20, 2003	

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